

7535-01-U

NATIONAL CREDIT UNION ADMINISTRATION

Agency Information Collection Activities: Submission to OMB for Review;
comment request.

AGENCY: National Credit Union Administration (NCUA).

ACTION: Request for comment.

SUMMARY: The NCUA is submitting the following new information collection to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995 (P.L. 104-13, 44 U.S.C. Chapter 35). This information collection is published to obtain comments from the public.

DATES: Comments will be accepted until [INSERT DATE 60 days from date of publication in the FEDERAL REGISTER].

ADDRESSES: Interested parties are invited to submit written comments to

NCUA Clearance Officer or OMB Reviewer listed below:

Clearance Officer: Mr. James L. Baylen (703) 518-6411
National Credit Union Administration
1775 Duke Street
Alexandria, Virginia 22314-3428
Fax No. 703-518-6433
E-mail: jbaylen@ncua.gov

OMB Reviewer: Alexander T. Hunt (202) 395-7860
Office of Management and Budget
Room 10226, New Executive Office Building
Washington, DC 20503

FOR FURTHER INFORMATION CONTACT: Copies of the information collection requests, with applicable supporting documentation, may be obtained

by calling the:

NCUA Clearance Officer, James L. Baylen, (703) 518-6411.

It is also available on the following website:

www.NCUA.gov.

SUPPLEMENTARY INFORMATION: Proposal for the following collection of information:

OMB Number: New.

Form Number: N/A

Type of Review: New.

Title: Office of Community Development Credit Unions Annual Survey Report.

Respondents: Certain low-income designated credit unions.

Estimated No. of Respondents/Recordkeepers: 50

Estimated Burden Hours Per Response: 3.25 hours.

Frequency of Response: On occasion.

Estimated Total Annual Burden Hours: 162.

Estimated Total Annual Cost: N/A

By the National Credit Union Administration Board on April 14, 2000.

Becky Baker
Secretary of the Board

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503

<p>1. Agency/Subagency originating request National Credit Union Administration Office of Community Development Credit Unions</p>	<p>2. OMB control number b. <input checked="" type="checkbox"/> None a> _____ - _____</p>
<p>3. Type of information collection (<i>check one</i>) a. <input checked="" type="checkbox"/> New collection b. _____ Revision to a currently approved collection c. _____ Extension of a currently approved collection d. _____ Reinstatement, without change, of a previously approved collection for which approval has expired e. _____ Reinstatement, with change, of a previously approved collection for which approval has expired f. _____ Existing collection in use without an OMB control number</p> <p><i>For b-f, note item A2 of Supporting Statement instructions</i></p>	<p>4. Type of review requested (<i>check one</i>) a. <input checked="" type="checkbox"/> Regular b. _____ Emergency - Approval requested by <u> 5 </u> / <u> 5 </u> / <u> 00 </u> c. _____ Delegated</p> <p>5. Small entities</p> <p>Will this information collection have a significant economic impact on a substantial number of small entities? _____ Yes <input checked="" type="checkbox"/> No</p> <p>6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date b. _____ Other Specify: _____ / _____ / _____</p>

<p>7. Title</p> <p>Office of Community Development Credit Unions Annual Survey Report</p>
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<p>8. Agency form number(s) (<i>if applicable</i>)</p>
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<p>9. Keywords</p> <p>Credit unions, credit, low-income credit unions loans, grants</p>

<p>10. Abstract Respondents from low-income designated credit unions are asked to provide information regarding accessibility and usage of loan and grant funds received from the agency's Community Development Revolving Loan Fund. This information will be shared with OMB, NCUA personnel and other federal government agencies.</p>
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<p>11. Affected public (Mark primary with "P", and others that apply with "X") a. _____ Individuals or households d. _____ Farms b. _____ Business or other for-profit e. _____ Federal Government c. <input checked="" type="checkbox"/> Not-for-profit institutions f. _____ State, Local or Tribal Government</p>	<p>12. Obligation to respond (Mark primary with "p" and all others that apply with "X") a. _____ Voluntary b. <input checked="" type="checkbox"/> Required to obtain or retain benefits c. _____ Mandatory</p>
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<p>13. Annual Reporting and recordkeeping hour burden</p> <table style="width: 100%;"> <tr> <td>a. Number of respondents</td> <td style="text-align: right;"><u>50</u></td> </tr> <tr> <td>b. Total annual responses</td> <td style="text-align: right;"><u>50</u></td> </tr> <tr> <td> 1. Percentage of these responses collected electronically</td> <td style="text-align: right;"><u>20</u> %</td> </tr> <tr> <td>c. Total annual hours requested</td> <td style="text-align: right;"><u>162</u></td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>e. Difference</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>f. Explanation of difference</td> <td style="text-align: right;">_____</td> </tr> <tr> <td> 1. Program change</td> <td style="text-align: right;">_____</td> </tr> <tr> <td> 2. Adjustment</td> <td style="text-align: right;">_____</td> </tr> </table>	a. Number of respondents	<u>50</u>	b. Total annual responses	<u>50</u>	1. Percentage of these responses collected electronically	<u>20</u> %	c. Total annual hours requested	<u>162</u>	d. Current OMB inventory	_____	e. Difference	_____	f. Explanation of difference	_____	1. Program change	_____	2. Adjustment	_____	<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of \$</i>)</p> <table style="width: 100%;"> <tr> <td>a. Total annualized capital/startup costs</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>b. Total annualized costs (O&M)</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>c. Total annualized cost requested</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>e. Difference</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>f. Explanation of difference</td> <td style="text-align: right;">_____</td> </tr> <tr> <td> 1. Program change</td> <td style="text-align: right;">_____</td> </tr> <tr> <td> 2. Adjustment</td> <td style="text-align: right;">_____</td> </tr> </table>	a. Total annualized capital/startup costs	_____	b. Total annualized costs (O&M)	_____	c. Total annualized cost requested	_____	d. Current OMB inventory	_____	e. Difference	_____	f. Explanation of difference	_____	1. Program change	_____	2. Adjustment	_____
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<p>15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>) a. _____ Application for benefits e. <input checked="" type="checkbox"/> Program planning & management b. <input checked="" type="checkbox"/> Program evaluation f. _____ Research c. <input checked="" type="checkbox"/> General purpose statistics g. <input checked="" type="checkbox"/> Regulatory or compliance d. _____ Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>) a. _____ Recordkeeping b. _____ Third party disclosure c. <input checked="" type="checkbox"/> Reporting 1. <input checked="" type="checkbox"/> On occasion 2. _____ Weekly 3. _____ Monthly 4. _____ Quarterly 5. _____ Semi-annually 6. _____ Annually 7. _____ Biannually 8. _____ Other (describe)</p>
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<p>17. Statistical methods Does this information collection employ statistical methods? _____ Yes <input checked="" type="checkbox"/> No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>)</p> <p>Name: Joyce Jackson</p> <p>Phone: (703) 518-6610</p>
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19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9

NOTE: The text of 5 CFR 1320.9 and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimates;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display current valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee



Date 4/6/00

Justification

1. Explain the circumstances that make the collection of information necessary, include identification of any legal or administrative requirements that necessitate the collection.

Collection of this type of information from NCUA's low-income designated credit unions is necessary to document the accessibility and usage of Community Development Revolving Loan Program by credit unions and the benefit to credit union members. The funds are available through loans and technical assistance grants.

2. Indicate how, by whom, and for what purpose the information is to be used and the consequence to the federal program or policy activities if the collection of information was not conducted.

The information is collected in the Office of Community Development Credit Unions (OCDCU), via survey forms sent to a random sampling of low-income designated credit unions. This is a new collection.

3. Describe any considerations of the use of improved information technology to reduce burden and any technical or legal obstacles to reducing burden.

This collection of information does not yet require electronic usage and submissions. However, we will accept submissions via e-mail and fax, in addition to regular mail. Electronic processing will be considered for future versions of this survey form.

4. Describe efforts to identify duplication.

Coordination was done between this agency and the only other similar agency (CDFI) that we can identify on the type of information requested regarding usages of the loans and grants. Our focus is different for usage requirements as related to community development.

5. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.

Collection of this information impacts low-income designated credit unions only. The survey is structured in a manner that requires minimal time to complete. Most of the information requested is already submitted by the credit unions when requests for loans and/or grants are made.

6. *If the collection of information involves small business or other small entities, describe the methods used to minimize burden.*

If this survey is not conducted the main consequence may be a delay in the Community Development Revolving Loan Program receiving needed funding because of lack of documented performance information. To reduce the reporting burden on the low-income designated credit unions, consideration will be given to sending the survey out every other year.

7. *Describe the consequences to Federal program or policy activities if the collection is not conducted or is conducted less frequently.*

There are no special circumstances that would require information collection in any manner other than the way set out on this survey form.

8. *Explain any special circumstances that require the collection to be conducted in a manner inconsistent with the guidelines of 5 C.F.R. 1320.6.*

Note: To be completed after comment period has ended.

9. *Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and record keeping, the disclosure of reporting format, and the data elements to be recorded, disclosed, or reported.*

There is no provision to provide payment or gifts to respondents.

10. *Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation or agency policy.*

Information collected in this survey is subject to FOIA. This is noted on the survey form.

11. *Provide additional justification for any questions of a sensitive nature, etc.*

There are no questions of a sensitive nature included on the survey form.

12. *Provide estimates of annualized cost to the Federal Government and to the respondents. Also provide a description of the method used to estimate cost, which should include quantification of hours; operational expenses, such as equipment, overhead, printing, and support staff; and any other expense that would not have been incurred without the paperwork burden.*

This is a first-time survey and estimates of the hour burden have not been determined.

13. Provide estimates of burden of the collection of information. The statement should: provide number of respondents, frequency of response, annual burden and an explanation of how the burden was estimated.

This is a Community Development Revolving Loan Program survey to be sent to approximately 50 credit unions on an annual basis. It will take approximately 2 hours for the credit unions to complete the form and approximately 160 hours for Office of Community Development Credit Union staff to process the completed surveys.

14. Explain reasons for changes in burden, including the need for any increase.

Annualized costs to the federal government are not a factor, due to the minimal number (50) of survey forms to be sent out initially.

15. For collections of information whose results are planned to be published for statistical use, outline plans for tabulation, statistical analysis, and publication. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of reports, publication dates, and other actions.

Not applicable.

16. For collections of information whose results will be published, outline plans for tabulation, and any publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

Outside publication with tabular information of results of data collected is not planned at this time. This is more of an internal agency document, with release of information as necessary to OMB and Congress.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

Not seeking approval to not display expiration date for OMB approval of information collection.

18. Explain each exception to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions," of OMB Form 83-1.

There are no exceptions.

OFFICE OF COMMUNITY DEVELOPMENT CREDIT UNIONS
COMMUNITY DEVELOPMENT REVOLVING LOAN FUND
Annual Survey Report

*All recipients of Community Development Revolving Loan Funds and Technical Assistance Grants must complete this survey form and return it to the Office of Community Development by **June 30, 2000**. If you have questions, contact Joyce Jackson at (703) 518-6610. Information collected is subject to freedom of information requests.*

Credit Union Information

Name: _____
Charter Number: _____
Address: _____

Phone Number: _____
Charter Date: _____
Low-Income Designation Date: _____
Type (check one): Rural _____ Urban _____

STATISTICAL INFORMATION

	Yearend 1994	Yearend 1999	Current
Total Assets	_____	_____	_____
Total Number of Loans	_____	_____	_____
Total Amt. Of Loans	_____	_____	_____
Regular Reserves	_____	_____	_____
Undivided Earnings	_____	_____	_____

Estimate the *average* income level and show the number of members in each category (*current and 1994 only*)

Income Level	Current	1994	Number of Members
0 - 10,000	_____	_____	_____
10,001 - 20,000	_____	_____	_____
20,001 - 30,000	_____	_____	_____
30,001 - 50,000	_____	_____	_____
50,001 - and over	_____	_____	_____
Total number of members	_____	_____	

I. Type of Funds Received (*check the ones applicable*)

A. From National Credit Union Administration

1. ____ CDRLF Loan

2. ____ Technical Assistance Grant

Loan Information

II. CDRLP LOAN (*Answer this section if you checked 1 in section I. A above*)

(*Check all that apply. Use a blank sheet of paper if additional space is required*)

1. How was the loan fund used?

___ A. Arbitrage: improve services to members

___ B. Arbitrage: improve reserves

___ C. Arbitrage: improve liquidity

___ D. Unsecured loans to members

___ E. Auto loans to members

___ F. Real estate loans to members

___ G. Business loans to members (for business purposes)

___ H. Agriculture loans to members

___ I. Education loans to members

___ J. Payoff corporate or other loans (with higher interest rates)

___ K. Purchase fixed assets

- ___ **L.** Purchase new facility or expansion of current facility
 ___ **M.** Others (*Please explain*)
-

2. List all other loans and/or nonmember deposits received from other sources in the last 2 years:
 (*Use a blank sheet of paper if additional space is required*)

<u>Source</u>	<u>Amount</u>	<u>Purpose</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CDRLP LOAN OBLIGATIONS

1. Assess the impact of the loan repayment schedule requirements for your credit union.

2. Were all reporting requirements met according to the terms of the CDRLP Loan Repayment schedule Agreement? If no, explain why.

3. How did the credit union acquire the matching deposits required by the CDRLP?

Show a breakdown of how deposits were matched (*members vs. nonmembers*):

Member shares

Nonmember deposits

IMPACT OF RECEIPT OF CDRLP LOANS ON COMMUNITY DEVELOPMENT *(Use a blank sheet of paper if additional space is required)*

1. How did these funds improve the credit union's credibility in the community?

2. How did these funds improve the credit union's visibility in the community?

3. What impact did receipt of these funds have in ensuring that the credit union adhered to its Community Needs Plan?

_____ Date of last update to community plan _____

4. How did credit union **members** use the loan?

- ☐ **A.** To start new business
- ☐ **B.** To improve existing business
- ☐ **C.** To create jobs
- ☐ **D.** Revenue building

- ☐ **E.** Purchase/lease space in the community
- ☐ **F.** Purchase transportation for community business
- ☐ **G.** Training Programs to benefit community
- ☐ **H.** Other (explain) _____

IMPACT CDRLP LOAN MADE ON CREDIT UNION OPERATIONS

1. How did the funds improve the credit union's overall operations?

2. Did these funds have an impact on helping with the credit union adhere to its 3-year business plan?

Date of last update to business plan _____

Technical Assistance Information

III. Technical Assistance (TA) Grants *(Answer this section if you checked 2 in section I(A) above -- check all that apply)*

(Use a blank sheet of paper if additional space is required)

1. How was the TA grant used?

- | | |
|--|---|
| <input type="checkbox"/> A. Audit | <input type="checkbox"/> H. Year 2000 Testing |
| <input type="checkbox"/> B. Consultants | <input type="checkbox"/> I. Computer Printer |
| <input type="checkbox"/> C. College Internship Program | <input type="checkbox"/> J. Software |
| <input type="checkbox"/> D. Marketing | <input type="checkbox"/> K. Other Electronic Equipment <i>(explain)</i> _____ |
| <input type="checkbox"/> E. Salary | <input type="checkbox"/> L. Other Fixed Assets <i>(explain)</i> _____ |
| <input type="checkbox"/> F. Training | <input type="checkbox"/> M. Registration for seminars/workshops |
| <input type="checkbox"/> G. Registration for Conferences | <input type="checkbox"/> N. Office Renovation |

2. Was this grant used for job creation or job retention? *(If answer is yes complete 3 below)*

- A. ☐ Yes
B. ☐ No

3. How did the TA grant affect job creation or retention? *(Check all that apply)*

- ☐ A. Provided salary for existing employee
☐ B. Provided salary for additional employee or assistant
☐ C. Provided training for existing employee
☐ D. Provided training for new employee or assistant
☐ E. Provided benefits for existing employee
☐ F. Provided benefit for new employee or assistant
☐ G. Other *(Please explain)*
-

4. List all other grants received in the last 2 years:

<u>Source</u>	<u>Amount</u>	<u>Purpose</u>

IMPACT OF TA GRANTS ON COMMUNITY DEVELOPMENT *(Use an additional sheet for replies if necessary)*

1. How did the funds improve the credit union's credibility in the community?

2. How did these funds improve the credit union's visibility in the community?

3. What impact did receipt of these funds have in ensuring that the credit union adhered to its Community Needs Plan?

Date of last update to community needs plan _____

IMPACT OF TA GRANT FUNDS ON CREDIT UNION OPERATIONS

1. How did the funds improve the credit union's overall operations?

2. Did these funds have an impact on helping the credit union adhere to its 3-year business plan?

_____ Date of last update to business plan _____

3. What impact did these funds have on recruiting new members?

4. Were current and future budgets impacted by the receipt of these funds? *(Explain how)*

PROGRAM ACCESSIBILITY (CDRLP and Technical Assistance)

1. Was requested information about the loan program or the technical assistance grants program received in a timely manner? _____

If answer is no, approximately how long was the wait from time of your request until receipt of information? _____

_____.

2. Was the printed material easy to understand? _____ If not, please explain _____

_____.

3. Were loans from the CDRLP easily accessible? _____ If no, explain the problems encountered _____

_____.

4. Were technical assistance grants easily accessible? _____ If no, explain the problems encountered _____

_____.

CREDIT UNION'S COMMENTS

Please provide information regarding interaction with the Office of Community Development Credit Union staff during the period of your loan or technical assistance grant, for instance: were your questions answered in a timely and tactful manner, was the staff helpful and courteous, were answers clearly understood, etc.?

EVALUATION OF SURVEY

Did you have any difficulties in completing this survey? If so, please provide detailed comments:
